

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

10568163

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/			
2				/		
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15			/			
16						
17						
18						
19						
20						
21						
22						
23						
24						
25			/			
26						
27						
28						
29			/			
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40			/			
41						
42						
43						
44						
45						
46						
47						
48						
49			/			
50						
TOTAL IND.		↓	9	↓		↓
TOTAL DEP.	←		13	←		←
TOTAL CLAIMS			82			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56			/			
57						
58						
59			/			
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71			/			
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←			←		←
TOTAL CLAIMS						